

**COMPACT DISC TRANSMITTAL FORM
FOR SUBMISSION OF SEQUENCE LISTING TO
THE UNITED STATES RECEIVING OFFICE UNDER
PCT ADMINISTRATIVE INSTRUCTIONS - PART 8**

For Receiving Office Use Only

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International Application Number
For Receiving Office Use Only

Date of transmission back to applicant

Date of receipt in RO/US

CDs received

INTERNATIONAL APPLICATION DATA

Name of Applicant: EBRINGER Serial No. 09/269,607

Applicant's or Agent's File Reference Number: 09262-026-9629

Title of Invention: DIAGNOSIS OF SPONGIFORM DISEASE

APPLICANT'S CONTACT INFORMATION

Name of Contact: DAVID H. JAFFER

Telephone Number: (650) 233-4510

Facsimile Number: (650) 233-4545

SEQUENCE LISTING FILE ON CD

Name of File (as per CD directory): N7960.ST25

Size of File (in bytes or kilobytes): 1KB

Date of File (as per CD directory): _____

STATEMENT

I hereby certify that the four copies of the Sequence Listing submitted herewith are identical.

Signature of Applicant, Agent, or Common Representative: 

Name of Person Signing: DAVID H. JAFFER/AGENT OF RECORD/Reg. No. 32,243

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ACKNOWLEDGEMENT OF RECEIPT OF FILES ON COMPACT DISC

The Sequence Listing file identified on this Compact Disc Transmittal Form was received by the RO/US and tested on a USPTO computer with the following results.

COPY 1:	<input type="checkbox"/> READABLE	<input type="checkbox"/> UNREADABLE	<input type="checkbox"/> MISSING
COPY 2:	<input type="checkbox"/> READABLE	<input type="checkbox"/> UNREADABLE	<input type="checkbox"/> MISSING
COPY 3:	<input type="checkbox"/> READABLE	<input type="checkbox"/> UNREADABLE	<input type="checkbox"/> MISSING
CRF:	<input type="checkbox"/> READABLE	<input type="checkbox"/> UNREADABLE	<input type="checkbox"/> MISSING

(name of tester)

(date)

If one or more copies of the Sequence Listing file is indicated as "UNREADABLE" or "MISSING" above:

- ☐ Applicant must file _____ replacement copies along with a statement that the replacement copies contain no new matter within _____ days from the transmission date of this Acknowledgement.
- ☐ The RO/US will produce the necessary replacement copies. Applicant must pay a service charge of \$ _____ within _____ month(s) from the transmission date of this Acknowledgement.